

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3			1				53					
4				1			54					
5					1		55					
6						1	56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13	1						63					
14		1					64					
15			1				65					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend		3					Total Depend					
Total Claims	15						Total Claims					